

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER STOP THE ENERGY SHUTDOWN, A COALITION OF SMALL BUSINESS OWNERS, CONCERNED TAXPAYERS, LOCAL ENERGY PRODUCERS AND THE CALIFORNIA INDEPENDENT <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AREA CODE/PHONE NUMBER (415)389-6800 </div> <div style="width: 45%;"> I.D. NUMBER (if applicable) 1455709 </div> </div> <hr/> STREET ADDRESS <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY SAN RAFAEL </div> <div style="width: 20%;"> STATE CA </div> <div style="width: 30%;"> ZIP CODE 94901 </div> </div>			Date of This Filing <u>12/19/2022</u> Report No. <u>1081</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>2</u>	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/05/2022	WORLD LONG BEACH LLC(RESPONSIBLE OFFICER: JOHN R. SEARS JR.) DALLAS, TX 75205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
12/12/2022	NICOLAI FAMILY PARTNERS LONG BEACH, CA 90815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1455709		Report No. 1081		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 2		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: